

THE AREA BOARD OF ZONING APPEALS
OF TIPPECANOE COUNTY

VARIANCE BALLOT
Report of Findings of Fact

DATE: _____	CASE NO. BZA - _____	REQ. NO. - _____
PETITIONER'S NAME: _____		
ANY FINDING FOLLOWED BY AN ASTERISK (*) MUST RESULT IN DENIAL OF THE REQUEST.		

1. The Area Plan Commission or its Executive Committee has determined that the variance requested _____ IS* _____ IS NOT a use variance.
2. Granting this variance _____ WILL* _____ WILL NOT be injurious to the public health, safety, morals and general welfare of the community. Reasons: _____
3. The use and value of the area adjacent to the property included in the variance request _____ WILL* _____ WILL NOT be affected in a substantially adverse manner. Reasons: _____
4. The terms of the zoning ordinance are being applied to a situation that _____ IS* _____ IS NOT common to other properties in the same zoning district. Reasons: _____
5. The strict application of the terms of the zoning ordinance _____ WILL _____ WILL NOT* result in an unusual or unnecessary hardship as defined in the zoning ordinance. Reasons: _____
Answer the next two items only if you found in #5 above that the ordinance WILL result in a hardship.
5a. The hardship involved _____ IS* _____ IS NOT self-imposed or solely based on a perceived reduction of or restriction on economic gain. Reasons: _____
5b. The variance sought _____ DOES _____ DOES NOT* provide only the minimum relief needed to alleviate the hardship. Reasons: _____

VOTE TO GRANT:

It is therefore my decision that this variance request be granted, subject to any conditions and/or commitments stated in the minutes of the Board, and incorporated herein and made a part of this decision.

ABZA Member

VOTE TO DENY:

It is therefore my decision that this variance request be denied.

ABZA Member